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ABSTRACT

Despite the assumptions some have naively made about various stresses and the quality of life associated with rural settings, most who have studied people residing in rural areas would acknowledge the strong need for mental health services. However psychologists, like most other health care professionals prefer the amenities of more metropolitan settings, and rural dwellers have traditionally had less access to psychological services than metropolitan citizens in many parts of the country. Professionals desiring to work in rural settings must obtain realistic expectations about rural life if they are to find satisfaction from their work there. Regrettably, only a handful of programs at any level have expressed interest in preparing psychologists who will be committed to rural settings. Training for work in rural settings must prepare students to become community-oriented generalists, fulfilling four basic roles: (1) individual and interpersonal assessment; (2) community problem assessment; (3) individual and group behavior change; and (4) community change. The status of master's level psychology graduates is currently under assault from within the profession and by legislation and policy that favor doctoral-level psychologists. The profession may be following short-term financial interests rather than asking if rural and other less advantaged clients may be better served by a multilevel profession that assures wide access to psychological services. (ABL)

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Training MA Psychologists for Work in Rural Settings: Issues and Models

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Training MA Psychologists for Work in Rural Settings: Issues and Models

Needs of Rural Settings for Psychological Services

Despite the assumptions that some have naively made about various stresses and the quality of life associated with rural settings, most who have studied people residing in rural areas would acknowledge the strong need for mental health services (Keller and Murray, 1982). Perhaps no more graphically have some of the problems associated with rural life been summarized than in the recent Newsweek account of "America's Third World" (McCormick, 1988).

Presumably psychologists will continue to play a major role in delivering mental health services in rural communities. However, relevant data for the most part suggest that psychologists, like most other professionals in the health care system, prefer the amenities of more metropolitan settings, and historically their per capita distribution has followed lines of population density (cf., Richards and Gottfredson, 1978). Therefore, rural dwellers have traditionally had less access to psychological services than metropolitan citizens in many parts of the country. While I have seen no recent studies of the geographic distribution of psychologists in rural settings, my hunch is that we may be starting to see a change for the better.

Part of the problem is that psychologists, who are typically intellectually oriented and largely trained in metropolitan areas or unique university communities, typically find it hard to depart the cultural attractions of such places. Colleagues who visit my own rural setting are known to marvel at its natural beauty but be puzzled by how my family and I

can be comfortable there. No theater, distant shopping or restaurants, one TV station that we receive clearly -- certainly not every professional's cup of tea. Yet I feel a sense of comfort with my small town routine. Somehow its nice to wave each morning to the familiar cars I pass on my route to the office, but I probably wouldn't be there (or here) without the University that is my primary employer.

Once in a supervision group held in a city several hundred miles from our rural community, my wife, who is a marriage and family therapist, felt offended when colleagues watching a video tape of a family session on which she was seeking consultation broke out in laughter at the "funny" clothing (farmer's hats) of her clients. Typical professional life style expectations, values, and yes, even dress, may be very different from the reality of isolated rural communities. And there is a certain, often unspoken, elitism that urban professionals may have in reference to rural communities. Professionals desiring to work in rural settings must somewhere obtain realistic expectations about rural life and feel comfortable experiencing that life if they are to find satisfaction from their work there.

This all leads, obviously, to the question of who among those trained in the professional practice of psychology is likely to be suited for work in rural settings. I submit that only a small portion of doctoral trained psychologists will fill this bill. Regrettably only a handful of programs at any level have expressed interest in preparing psychologists who will be committed to rural settings. Further, my experience suggests that most psychologists trained at the doctoral-level are likely to find themselves moving into independent practice or, within the public system, into consultation, supervision, or administration roles that largely remove

their skills from direct client contact.

One implication of the above assumptions is that master's-level psychologists trained to work in rural communities may be more inclined to stay in such settings. They also may be more readily trained in rural settings and therefore less likely to experience cultural conflicts with rural communities.

The Master's Degree and Recent Trends in Psychology Services

Recent trends in staffing public mental health programs

Even the casual observer will note that recent trends in professional psychology are toward recognition of the doctoral degree as an entry to practice of any kind, and toward independent practice as the respected model of service delivery. Interestingly, the National Council of Community Mental Health Centers (1987) reports that the prototypic community mental health center, which once attracted large numbers of aspiring clinical psychologists, now employs less than half as many psychologists (7.0 FTEs) as social workers (15.2 FTEs). Indeed the average mental health center currently employs more mental health technicians (10.3 FTEs) of some variety than psychologists. Public mental health programs have largely failed to afford the services of doctoral-level psychologists who find greener pastures in other directions. Even in rural settings psychologists seem to be developing successful independent practices at a surprising rate. While I know that some independent practitioners are helping to serve those who can least afford the rates of typical private clinical services, it, of course, remains the obligation of public and nonprofit programs to serve the average rural dweller.

Is it very likely that rural people will be served by the doctoral-

level psychologist both implicitly and explicitly endorsed by various bodies associated with APA? I believe the answer is no -- they will be seen by a social worker, mental health technician of some variety, or an MA-level psychologist. Except for supervisory or administrative roles, most doctoral-level psychologists will not have frequent direct client contact in typical rural settings. But presumably clients still require certain kinds of services that have traditionally been provided by psychologists.

Middle-level functions useful in the public mental health system

A number of writers (cf., Richert and Fulkerson, 1987) believe there are many important psychological services that can be provided effectively by the MA-level psychologist, who in well-planned graduate programs certainly has training equal or superior to the typical social worker who dominates the staff of most mental health centers. Basic assessment as well as psychotherapy are services that almost all clinically trained MA-level psychologists should be able to provide if they have suitable supervision. If there is a threat to the effective use of MA psychologists in such roles, it comes from the question of third party reimbursement for services, not from the competence of the clinicians themselves. Regrettably, the solution to such problems in the public sector may simply be increased use of social workers and less reliance on any skills that may be unique to psychology.

The Appropriateness of Community-Oriented Models

Community understanding and professional satisfaction

My earlier comments should make clear my bias that any training for work in rural settings must have some type of community-oriented basis. The mental health professional who hopes to succeed professionally and also

find personal satisfaction must have (a) a sound understanding of rural communities, (b) an ability to accept and enjoy life without some of the amenities often found in university settings, (c) a certain flexibility that allows for the inevitable mix of personal and professional life typically found in rural settings, (d) a willingness to adapt to some of the different expectations of rural dwellers, and (e) an ability to work beyond the office and comfortably reach out to the unique resources of the community (cf., Hargrove, 1986; Murray 1984). Also, I have observed that psychologists who are unable to understand and adapt often decide to leave small communities, or may evidence an inability to be accepted in the community, which affects their professional practice.

Using rural community characteristics to enhance mental health

I believe that community oriented models of training are appropriate for another reason. Small communities present unique opportunities for change. Information is often easily shared in such settings, and it can readily have a large impact on members of the community. What one does or does not do may also have a rapid and long lasting impact for better or for worse. In most instances, such impact is greater than in metropolitan settings which are more diverse and complex. To be effective in the rural community, one must have an understanding of how things get done, who sanctions change, how one can be accepted or rejected, and so on.

Basic Assumptions About Effective Training for Work in Rural Settings

Rural settings as a training ground

First, it seems logical that a significant portion of the professional training must take place in a rural setting. This serves the purpose of screening and acculturating students. For some students who think they

would like to work in a rural setting but who don't have a rural background it allows exploration. Over the past 10 years I have had several students depart our program early in the first semester largely because they failed to adapt to our small community. Presumably this would be an indicator of their inability to work successfully in a rural community.

Rural based training allows first hand observation and discussion of rural values and practices. In practica it gives students access to the types of agencies in which they are likely to later work. With skilled supervisors at their side, they can process their community and agency experiences, preparatory to having to cope on their own.

There is, however, a caveat in that not all small communities or mental health agencies can offer the breath of clinical experience necessary for complete training. Experiencing the rural community can never substitute for good clinical supervision. Finding adequate clinical experiences and supervision is a problem that our own program struggles with all the time. This may require that students receive at least a portion of their clinical training in a large mental health program or hospital that has access to diverse client populations and high quality supervision.

Generalist roles

The notion of being a generalist has perhaps been over discussed in the relevant literature, but yet it bares note. The assumption is that most smaller mental health programs will require professionals to fill multiple roles. Unless a professional feels comfortable with this, he or she is likely to become confused by sometimes conflicting expectations. The notion of generalist roles also supports the importance of breadth in training even at the master's level. Most students who graduate from our

own program will ultimately play a variety of roles in their work settings. Therefore, both in the program and in practica and internships, we establish a broader range of goals than might be associated with an exclusively counseling or clinical degree. This is discussed in more detail below.

The importance of a problem-oriented perspective

In keeping with the community orientation, we support a problem-oriented as opposed to a pathology-oriented perspective. Although all students should have a solid understanding of psychopathology, they should also try to view problems and potential solutions in their ecological context. Rural communities, in particular, may place strong expectations on the the behaviors of their members. And there are unique stresses associated with rural life and occupations that affect behavior. Further, when a problem arises rural communities may present unique opportunities for family or community-based interventions which will be more apparent if the practitioner has a problem-oriented approach.

Specific Roles for Master's-Level Psychologists

Our program at Mansfield University has identified four basic roles that we feel graduates should be prepared to fulfill as community-oriented generalists.

Individual and interpersonal assessment

Students are provided basic skills in the administration and interpretation of common psychological instruments, including intelligence tests, basic objective instruments such as the MMPI and 16PF, and widely used projective instruments such as the Rorschach. While they receive much of their initial training with an adolescent population because of

accessibility, there is no other specialized training (e.g., neuropsychological or forensic) in assessment. Students are also encouraged to assess clients within their ecological context, taking interpersonal and environmental influences into account. The finished product is designed to be someone competent to do psychological screening of the kind that might be associated with a full intake assessment in a community mental health program. More sophisticated evaluation questions or work with specific populations (e.g., young children, neurologically impaired, or psychotic individuals) would require special supervision. Students may have such opportunities during their internships.

Community problem assessment

We expect our students to be able to assess community needs for services or evaluate programs. The more traditional psychological approaches to experimental research are de-emphasized in our training. Instead, students are provided access to appropriate instruments and statistical techniques for needs assessment and program evaluation. They are expected to identify and take on a real life project both during one of their courses and their internship. Many agencies in the region have benefited from the assistance of one of our students completing such an assignment.

Individual and group behavior change

Our students take basic therapy courses that focus on individual short-term psychotherapy and generic group interventions. They are provided with basic skill practice and an eclectic helping model from which to operate. Our goal is to give them a framework from which to begin their second-year internship. We view the development of sophisticated therapy skills as a longer term process that we have the role of initiating.

Community change

We attempt to prepare students as preventively oriented consultants or problem solvers. They receive a preventive orientation almost from the day they enter the program and take a psychopathology course that addresses community contexts before it introduces the DSM-III-R. Feedback from alumni suggests that as a result of this perspective they often bring to their internships and work places a community view of issues that is different from more traditionally trained colleagues. They ask questions that might otherwise go unasked and often end up developing new programs or interventions.

Future issues

We have no illusions about the future of training MA-level psychologists. Our efforts and the status of our graduates are currently under assault both within the profession and from legislation and policy that favors doctoral-level psychologists. Obviously we view this as regrettable and believe that psychology would have much to gain from being a multilevel profession. MA-level training programs are currently organizing in a formal way to protect their own interests. To date our graduates have virtually all found appropriate employment opportunities, and I believe that we can justify training students as long as this is the case. Yet, I fear that as a profession psychology will continue to follow short-term financial interests rather than honestly ask if rural and other less advantaged clients may be better served by a multilevel profession that assures wide access to psychological services.

References

Hargrove, D. S. (1986). A commentary on rural mental health training. In J. D. Murray and P. A. Keller (Eds.) Innovations in rural community mental health. Mansfield, PA: Mansfield University Rural Services Institute.

Keller, P. A. (1982). Training models for master's level community psychologists. In H. A. Dengerink and H. J. Cross (Eds.), Training professionals for rural mental health. Lincoln, NE: University of Nebraska Press.

Keller, P. A. & Murray, J. D. (1982). Rural mental health: An overview of the issues. In P. A. Keller & J. D. Murray (Eds). Handbook of Rural Community Mental Health. New York: Human Sciences Press.

Keller, P. A. & Prutsman, T. D. (1982). Training for professional psychology in the rural community. In P. A. Keller & J. D. Murray (Eds). Handbook of Rural Community Mental Health. New York: Human Sciences Press.

McCormick, J. (August 8, 1988). America's Third World. Newsweek, 20-24.

Murray, J. D. (1984). Training community psychologists for work in rural settings. American Journal of Community Psychology, 12, 227-232.

National Council of Community Mental Health Centers. (1987). 1987 Community Mental Health Salary Survey. Rockville, MD: Author.

Richards, J. M. & Gottfredson, G. D. (1978). Geographic distribution of U.S. psychologists: A human ecological analysis. American Psychologist, 33, 1-9.

Richert, A. J. & Fulkerson, F. E. (1987). Master's-level training and employment in community mental health. Professional Psychology: Research and Practice, 18, 479-480.